Reproductive donation: global perspectives and cultural diversity

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5 Reproductive donation: global perspectives and cultural diversity

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One of the most striking aspects of assisted reproductive technologies (ARTs) has been their rapid globalization. Although ARTs may pose a range of (financial, practical, emotional, psychological, as well as moral) challenges for both providers and users, they have ultimately been embraced by many diverse cultures. ARTs speak to the fundamental desire to become a parent, albeit in a very particular way, and as such enjoy a wide global appeal that transcends many cultural divergences. However, although ARTs may have become 'global', their practice in different parts of the world has been subject to a range of limitations, modifications and prohibitions. These context-specific 'arenas of constraint' have mediated and defined the ways in which ARTs are offered to and received by local men and women, and have set up specific relationships between technology and culture (Inhorn, 2002). Particularly during the last two decades, a wealth of research has been dedicated to documenting the processes of 'localization' by which ARTs have been reconfigured in different global contexts, including debates regarding the morality and acceptability of certain technologies, the impact of socio-economic circumstances, and the experiences of men and women undergoing infertility treatment (for a review of this literature, see Inhorn and Birenbaum-Carmeli, 2008). While this scholarship does not (yet) provide us with a comprehensive survey of practices and attitudes regarding assisted reproduction in *all* global locations, it nevertheless highlights great cultural diversity through the exploration of a range of similarities and differences, patterns and outliers. Within this broad picture of cultural diversity in ARTs, the heterogeneity regarding reproductive donation – in other words the use of donor sperm, donor eggs and surrogates– is arguably the most varied, interesting and controversial.

In this chapter we adopt a global perspective in order to highlight some of the cultural diversity that exists in the regulation, practice and attitudes surrounding reproductive donation. We begin by providing an overview of the anthropological and ethnographic data on

infertility and assisted reproduction, particularly with regard to 'third-party reproductive assistance', and move on to evaluate diversity in ethical deliberations and in the approaches of three monotheistic religions (Judaism, Christianity and Islam) towards donation. Having dedicated most of the chapter to differences *between* nations or religions, we end with a discussion of diversity *within* cultures. We argue that global and cultural diversity regarding donation in assisted reproduction not only has distinct practical implications for societies, and especially for involuntarily childless men and women, but also that it produces distinct ethical dilemmas and conundrums. If we are to present meaningful empirical insights and to develop sensitive ethical analyses, it is of paramount importance to be aware of the diversity that exists.

Anthropology and ARTs

Since the birth of Louise Brown in 1978, the uptake, proliferation and promises of assisted reproduction have reignited the traditional anthropological interests in kinship and gender, albeit with a new focus and referent (Edwards *et al.*, 1999; Carsten, 2000). ARTs intersect crucial themes of kinship, gender, embodiment, religion, medicalization and lay-expert interactions, and thus enable comment on myriad social changes and phenomena such as stigmatization and modernity, kinship and marital relations. In addition to this, the involvement of 'third parties' in the process of reproduction – egg and sperm donors and surrogates – signals new social and relational choreographies, challenges and opportunities which have proved 'fertile ground' for anthropologists.

Marilyn Strathern's seminal book *Reproducing the Future: Essays on Anthropology, Kinship and the New Reproductive Technologies* (1992) articulated the cultural relevance of ARTs (particularly with the involvement of 'third-party reproductive assistance') and the novel distinctions now enabled between social and biological parents. The potential cultural impact of this 'kinship revolution' on biogenetic definitions of relatedness (Schneider, 1980) lead to a range of ethnographic studies, initially concentrated on 'Euro-American' settings (e.g. Ragoné, 1994; Franklin, 1997; Carsten, 2004), and more recently extending to an ever greater number of locations. These studies documented social changes and problematized the previously assumed paradigm of kinship as the social recognition of the actual facts of biological reproduction (Carsten, 2004). Currently, there is a growing body of rich anthropological ART literature from myriad countries and cultures, including parts of Europe (Franklin, 1997; Paxson, 2004; Konrad, 2005; Bonaccorso, 2008), East Asia (Handwerker, 2002; Pashigian, 2009; Simpson, 2004) and South

America (Roberts, 2008), as well as sustained and rigorous studies of the USA (Sandelowski, 1993; Becker, 2000; Thompson, 2005), Israel (Kahn, 2000; 2002; Birenbaum-Carmeli, 2004; Teman, 2010), India (Bharadwaj, 2003) and the Middle East (Inhorn, 2003a; Clarke, 2009; Gürtin-Broadbent, 2012). Moreover, over the past decade increasing interest in comparing and contrasting ARTs as they are practised around the world has brought together the works of various scholars in a range of edited volumes that focus on different aspects of infertility and assisted reproduction, from the consequences of childlessness (Inhorn and Van Balen, 2002) to men's gendered experiences (Inhorn *et al.*, 2009), from genetic testing (Birenbaum-Carmeli and Inhorn, 2009), to donation practices (Blyth and Landau, 2004). Indeed, particularly in the fast expanding sub-field of medical anthropology, no subject (with perhaps the exception of HIV/AIDS) has generated as much discussion nor received as much attention as assisted reproduction (Inhorn and Birenbaum-Carmeli, 2008).

Unlike perhaps the approaches of other disciplines, anthropological studies of assisted reproduction have paid close attention to the interrelation or co-constitution of technology and society, such that each simultaneously impacts and is impacted on by the other (Ong and Collier, 2005). Inhorn and Birenbaum-Carmeli (2008: 178) explain that ARTs are culturally embedded 'socio-technical products, which are shaped by human and non-human factors, including the technical features of the ARTs themselves, as well as by the economic, political, cultural and moral environs in which they unfold', and that they are 'intimately linked with power relations'. Inhorn (2003a), based on her studies of Egypt, has coined the term 'localization' to refer to the processes whereby the global technology of in vitro fertililzation (IVF) is made (and remade) culturally pertinent and appropriate in specific locations, and has pursued medical anthropologist/psychiatrist Arthur Kleinman's (1995) trope of 'local moral worlds' to reveal the accounts of social participants regarding 'what is at stake in everyday experience'. Such approaches have recently gained great popularity and indeed much of the recent medical anthropology scholarship concerned with this area has sought to articulate local morals and to elucidate processes of local application.

Why is it that ARTs are pursued in secret and imagined to confer further stigmatization on their users in some global locations, such as Egypt (Inhorn, 2003a), while in others, such as China (Handwerker, 2002) they are regarded as prized emblems of modernity and a means of creating babies that are morally and physically superior? What are the reasons that some cultures (e.g. the UK) apply symmetrical rules

to the use of sperm and eggs, whereas in others (e.g. Germany, Israel) they are subject to different regulations? Why are parents of donor-conceived offspring moving towards patterns of greater disclosure in some countries (e.g. USA and UK), whereas in others donor conception remains as secret and stigmatized as ever (Gürtin, 2012)? And perhaps most fundamentally, why have ARTs led to the creation of myriad 'non-traditional' family types in some social contexts (see Graham and Braverman, Chapter 11; Appleby, Jennings and Statham, Chapter 12), yet in others have only reinforced 'traditional' family structures, exclusively assisting the reproduction of medically infertile married heterosexual couples? Examining these anthropological questions, as well as a host of 'culturally embedded' others, sheds light on the diversity of reactions, uses and consequences of assisted reproduction around the world. This tells us not only about what happens in other exotic locations, but enables us to question the taken-for-granted assumptions of our own social contexts, revealing much of what we imagine to be 'given' as in fact socially constructed. The focus of this chapter on cultural diversity therefore highlights that there is not necessarily one ethical answer or practical solution to dilemmas surrounding donation, but rather that such dilemmas must be considered in context and in relation to broader social factors.

Reproductive donation and diversity

Infertility, often defined as the inability for a reproductive-aged couple to conceive a child after a year (or longer) of regular unprotected intercourse (Zegers-Hochschild *et al.*, 2009), is a universally occurring health problem. It is commonly accepted that infertility affects more than 80 million people worldwide, and The World Health Organisation (WHO) recognizes infertility as an unmet need in family planning in both developed and developing nations. On average one in ten couples experience primary or secondary infertility during their lifetime; however, both the prevalence of infertility and the experiences of involuntarily childless men and women are subject to great global variation (Vayena *et al.*, 2002).

Involuntary childlessness can have many different causes, from iatrogenic infections to age-related fertility decline, and infertility may be manifested through a range of physiologically female or male factors, such as ovarian failure or sperm immotility. Some of these causes will respond to drug treatments or can be bypassed with IVF or intra-cytoplasmic sperm injection (ICSI), although in certain intractable cases it remains impossible for individuals to conceive genetically related

children. Despite great techno-scientific advances, sometimes the use of 'third-party reproductive assistance' in the form of donor gametes remains the only means for a couple to achieve conception.[1] While such potential 'treatments' are increasingly regarded as an acceptable (if 'last resort') option among heterosexual couples in some cultures, in others they remain strictly prohibited, heavily stigmatized and absolutely unacceptable.

The use of reproductive donation is one of the most globally controversial aspects of ART practice. Cultural responses to the use of donor sperm or eggs ranges from complete prohibition (e.g. in most Muslim countries) to a lucrative trade in an open-market (e.g. the USA – see Glennon, Chapter 6). Not only do donor gametes sever the (imagined if not always actual) synonymy between biological and social parenthood, but they also enable novel family formations by single women and men, lesbian and gay couples (see Graham and Braverman, Chapter 11; Appleby, Jennings and Statham, Chapter 12), and facilitate previously unimagined relations between strangers (see Freeman, Appleby and Jadva, Chapter 14) and between family members (see Vayena and Golombok, Chapter 10). Indeed, many chapters in this volume detail the new opportunities, dilemmas and relationships that result from the use of donor gametes, but it is also important to reference broader debates regarding whether reproductive donation is morally and culturally acceptable. While social attitudes towards donor gametes may be difficult to compare across cultures (due to a lack of comprehensive data and circumstantial differences across contexts), it is somewhat easier to compare regulatory frameworks and rules that pertain to the practices of 'third-party reproductive assistance'. Although, even in this regard, there is no comprehensive global survey, there is enough information to highlight an extreme diversity of regulations, ranging from laissez-faire permissiveness to specific prescriptions that strictly define parameters of legally and morally permissible practice.

According to the IFFS Surveillance 07 (Jones *et al.*, 2007), which has collated information from fifty-seven nations, their mode of ART regulation can be divided into three categories: countries that govern ART practice through legal formulations; countries that only provide guidelines; and countries in which there is no governing structure imposed. Among these there are great differences in the level of permissiveness

[1] Donor gametes are of course also necessary to achieve conception in single women, lesbian or gay couples (as addressed in various chapters in this volume: e.g. Graham and Braverman; Jennings *et al.*). However, perhaps the issues involved in these choreographies are not most usefully conflated with the issues that pertain to fertility problems in heterosexual couples.

and the nature of prohibitions. While thirteen of the fifty-seven participating nations (including China, Turkey, Lithuania and Egypt) impose a marriage requirement for a couple to access ARTs, fifteen others (including Korea, Mexico, South Africa and Thailand) have no requirements whatsoever. Donor sperm and eggs were disallowed either by law or by guidelines in Italy, Tunisia, Turkey, Egypt, Japan, Morocco and the Philippines. Austria and Germany both disallow the use of donor sperm in IVF, but allow it for donor insemination (DI). Germany, China, Norway and Switzerland prohibit the use of donor eggs, but with the exception of Germany all of them allow sperm donation (Jones *et al.*, 2007). Moreover, among the countries that permit the use of donor gametes, there are multiple heterogeneous conditions regarding who may donate; whether they may receive remuneration; whether donors can or must be known, identifiable, or anonymous; who may receive donated gametes under what conditions; and how many children or families may be created by one donor.

The resulting picture is a dazzling panoply according to which almost every country has defined a particular and unique set of parameters for the practice of assisted reproduction. For example, in Greece gamete donations must be anonymous, whereas in Australia, the UK and the Netherlands all donors must provide identifying information. The UK currently accepts intra-familial donors, while France does not. Embryo donation and surrogacy are forbidden in Sweden and Denmark, but permitted in Finland. Donors receive variable payments in the USA, levelled reimbursement in Spain, and in the UK no remuneration beyond loss of earnings and direct expenses. The diversity evident, even in this non-exhaustive list, carries a range of ethical and practical implications and consequences for regulators and patients, such as posing challenges to donor recruitment (see Pennings, Vayena and Ahuja, Chapter 9) and driving transnational donation (see Pennings and B. Gürtin, Chapter 8). Moreover, this diversity is also indicative of underlying cultural differences, diverse reasoning processes, and the divergent prioritization of moral and ethical principles that manifest in differing approaches to donation.

However, having said this, it must also be noted that regulations cannot necessarily be seen as indicative of general 'public opinion' or of how individuals affected with infertility will choose to resolve (or not resolve) their fertility problems. For example, a recent study conducted on infertile men and women in Turkey showed that, despite the regulatory ban on all forms of third-party reproductive assistance, 23% would accept donor eggs; 15.1% would accept surrogacy; and 3.4% would accept donor sperm if it were medically indicated and available (Baykal

et al. 2008). Moreover, as shown in a different study, there was also high acceptance of donor eggs as a medical treatment among the general Turkish population, with over half of the women and nearly two thirds of the men surveyed replying positively and stating (mistakenly) that they thought their religion, Islam, would allow it (Isikoglu *et al.*, 2006). These studies illustrate the differences in local attitudes towards eggs and sperm, yet they also demonstrate the difficulty of inferring individuals' opinions from government regulation, or indeed from the edicts of religious authorities. As in other matters, we should not be surprised to find a spectrum and diversity of opinions on questions over ARTs, nor to detect distinct differences between regulation and public discourses on the one hand, and individual opinions on the other.

Diversity in ethical deliberations regarding donation

The diversity of perception and regulation of third-party reproductive assistance reflects how differently ethical arguments are structured and deliberated within different social contexts. This plays out in two levels: the broader societal level ethics (macroethics), namely what societies define as ethically acceptable through their various processes; and at the individual level (microethics), namely the individual's own ethical judgement regarding what is or is not ethically acceptable to him or her. These two sometimes match; however, as mentioned above, often they do not. Regulations and guidelines generated by public commissions tend to address more the macroethical level of ARTs, circumscribing, however, the area within which microethics will manoeuvre (Cook *et al.*, 2003). At the macroethical level, ethical reasoning is intertwined with various other aspects in the process of policy-making (including political agendas, ideologies, religion and budgets). Presenting a policy as ethically justified is in the interest of policy makers, as it might contribute to higher acceptability and wider public agreement. However, it is of particular interest to examine how ethical arguments can be used to support very different, and even contradicting, policies. For example, why is it ethically acceptable to allow egg donation in France but not in neighbouring Switzerland or Germany? How can these diametrically opposite policies be ethically justified by the societies in question?

Looking closely at the justification of prohibitive policies reveals that the language of 'ethics' plays a prominent role in their explanation. Countries with highly restrictive policies (such as Germany and Switzerland) have structured the argument against egg donation around the issue of medical risk. Ovarian stimulation and oocyte retrieval were viewed as too risky to be allowed. The *protection* of the potential egg donor, although at first glance reflects the non-maleficence principle, also incidentally seems to support the broader Embryo Protection Act adopted by the German government in 1990. Germany's history and the political constellation at the time the Act was deliberated are undoubtedly of great relevance here (Bleiklie *et al.*, 2004). The core ethical argument for the Embryo Protection Act was respect for human dignity. Although the German law is about twenty years old, and medical risks in ovarian stimulation and oocyte retrieval have been dramatically reduced (though not eliminated) in the intervening period, no revision of the Act is currently in sight. Another justification for the prohibition was the view that social and genetic motherhood should not be separated. Since sperm donation is allowed, this reasoning implicitly argues that motherhood is more important than fatherhood and that the separation of genetic and social fatherhood is more acceptable (Schaefer, 2007). It is hard to understand the ethical basis of this argument, beyond the pure assumption that it is better for a society to maintain the more traditional family forms.

In Italy in 2004, a new highly restrictive law prohibited, amongst other aspects of ARTs, all forms of egg and sperm donation, turning Italy overnight from the 'Wild West' of European ARTs to the most prohibitive country in this region. The law was a result of year-long debates in the Italian parliament. Here, unlike in the German example, it was not the medical risks that captured the attention of regulators, but rather the (presumed) moral risks associated with reproductive donation. The justification for prohibiting gamete donation, which loudly echoes the Vatican's opinions, was structured around the protection of future children from incestuous relationships (sexual relations between children conceived using gametes from the same anonymous donor), identity problems and parental rejection by the non-biological parent, as well as the protection of society from positive eugenics through the seeking of specific traits in donors. This language of ethics and morality at the macro level did not represent the views of most Catholic Italians. As Inhorn *et al.* (2010) showed in a recent comparative study examining ART practice in Sunni Egypt, Shi'a Lebanon and Catholic Italy, the Italian law clearly diverged from the wishes of Catholic patients and physicians. In countries with less prohibitive policies, neither the concept of medical risk nor that of social or moral risk surfaced adequately to affect policies. The countries that favoured prohibitive policies regarding gamete donation have adopted a more paternalistic approach, putting forward the argument of protecting their citizens and their societies, while those who chose to allow particular forms of donation have

left the decision to be made by individuals, ultimately allowing more room for the exercise of autonomy and personal decision-making.

Another illustrative example of different ethical justifications in contradicting guidelines and policies is financial remuneration for donors. In several countries paying egg or sperm donors is forbidden by law, while in the USA it is not only allowed but there is even a price recommendation by the American Society for Reproductive Medicine (according to which a justification is needed above $5,000, and above $10,000 is considered inappropriate). In European countries the basic ethical argument against the payment of donors has been that of human dignity, which disallows trading of the human body, its cells and parts. In the USA, however, it has been considered fair to compensate people for their services (in this case provision of gametes). There is a long debate on the ethics of financial compensation of gamete donors which is discussed in detail in the chapter by Pennings, Vayena and Ahuja in Chapter 9 of this volume. However, what is of interest here is the fact that different societies choose to give priority and prominence to different ethical arguments, or that they interpret differently the same principles as best fits their cultures and traditions. Health care in the USA has traditionally been driven by market forces and the culture of fee-for-service has shaped how medicine is practised. It is within that culture that a fee for the noble service of donating gametes appears ethically justifiable. In European countries, however, with a welfare approach to health care and with historical experiences that demonstrate the stakes in human dignity, financial compensation of gamete donors seems to constitute an ethical transgression, at least at the regulatory level (ESHRE Task force on Ethics and Law, 2002). The concerns over fairness here are not about depriving the donor of what she or he deserves, but rather about not creating unfair options (i.e. inducing them to sell parts of their bodies) for the financially disadvantaged.

Cultural contexts are not only shaping the ethical arguments at the macro level but even more profoundly at the individual level. Infertility patients and their doctors shape their value systems within their cultural and religious contexts, and make their decisions accordingly. Disclosure to the donor-conceived offspring provides a good example. Ethnographic studies show that in certain cultures couples have become more open to the idea of disclosing donation while in others secrecy remains of paramount importance (e.g. Inhorn and Van Balen, 2002). This may be partially explained by the different weight that individual autonomy has in the different cultural contexts in question. In many Western cultures individual rights, autonomy and self-determination are very important. In several other cultures, however, these concepts

are a lot less emphasized. Instead other moral references are in place, such as the autonomy of the family or the best interest of the family, rather than the individual. In the latter cases, relational autonomy (with the emphasis on relation) will direct the decision-making process (Turoldo, 2010).

There are a range of conundrums, dilemmas and challenges that arise as a result of diversity regarding ethical deliberations on donation. These may occur: (a) at the macro level; (b) between the macro and the micro levels; or (c) at the micro level. At the macro level, for example, the use of different ethical frameworks has led to very different regulatory outcomes (see Glennon, Chapter 6; Garcia-Ruiz and Guerra-Diaz, Chapter 7). This diversity of government regulation has led to strikingly different parameters of ART practice even among the countries of the European Union, as we have discussed above, and would make any attempt to pursue international harmonization of ART regulation almost impossible. This, when coupled with the diversity between the macro and micro levels (i.e. between the views expressed in regulation and those held by various individuals), has produced a booming market in cross-border reproductive care (see Pennings and Gürtin, Chapter 8), as persons who disagree with the ART policies of their jurisdictions demonstrate 'moral pluralism in motion' by seeking treatments elsewhere (Pennings, 2002). Diversity can also occur as a result of differences just at the micro level, such as different reasoning process or an emphasis on different ethical principles by stakeholders. For example, whether one emphasizes individual or relational autonomy can dictate whether secrecy regarding donor conception is seen as infringing the rights of an individual to know their origins or as the best solution for the family unit (see Appleby, Blake and Freeman, Chapter 13). This could also lead to irresolvable conflicts between the interests or ethical claims of different parties, such as donors, parents and offspring.

Religious perspectives on donation

Religious authorities and sensibilities may be a significant influence on the (bio)ethical reasoning of both individuals and of collective decision makers (such as governments or regulators) and are one distinct source of ethical guidance. Although Schenker rightly cautions that 'it is often difficult to dissociate the influence of distinctly religious factors from other cultural conditions' (2005: 310), he argues that there are at least three factors that determine the influence of religious viewpoints: the size of the community; the authority of religious

views within the population; and the unanimity or diversity of opinion present. Developments in reproductive technologies raise novel dilemmas and questions for religions and religious authorities, which in some instances do not have clear answers or precedents that can be used as a reference. Nevertheless, the deliberations by religious authorities and the decisions they reach may be an important guide regarding which ARTs are and are not acceptable and under what conditions.

Meirow and Schenker argued that 'The practice of gamete donation is opposed by the main religions and is not usually accepted by religious infertile couples or by religious physicians' (1997: 134). Although the intervening period, of over a decade, has seen a great increase in the use of donation accompanied in many places by greater social acceptance and more relaxed attitudes, the use of assisted reproduction techniques, including 'third-party reproductive assistance', have caused great moral debates and deliberations for the world's Abrahamic religions: Christianity, Islam and Judaism.[2]

The Roman Catholic Church headed by the Vatican has one of the most restrictive attitudes towards assisted reproduction among the Christian churches, and rejects not only donation but also IVF as a treatment option, since fertilization outside of the conjugal act is seen to be deprived of its proper perfection. The use of donor gametes is prohibited on the grounds that they involve a separation between 'the goods and meanings of marriage' (Schenker, 2005). In addition, the embryo is accorded with moral status from the moment of conception and it therefore needs to be treated in a manner that respects its humanity and potential; thus cryopreservation, storage and discarding of 'spare' embryos are all morally problematic.

Unlike Catholicism, Islam not only accepts, but positively endorses and encourages, the seeking of biomedical treatment for infertility. IVF is seen by Islam as a beneficial medical treatment and (when the gametes used for fertilization belong to the heterosexual couple intending to parent) presents no significant ethical problems (Inhorn, 2002; 2003a; 2003b; Clarke, 2006a). However, there is some disagreement between the Sunni and Shi'a branches of Islam regarding the acceptability of gamete donation (Inhorn 2006a; 2006b; 2006c; 2006d; Clarke, 2007; 2009; Inhorn *et al.*, 2010).

Among the Sunni branch of Islam (to which between 80–90 per cent of all Muslims belong), there is a widely held consensus that 'medical interventions in human reproduction should restrict themselves

[2] The Baha'i Faith is also an Abrahamic religion, but nothing has been written about its attitudes towards ART, thus we leave it out of the present discussion.

to a husband and (one) wife couple' (Clarke, 2006b: 26). The use of third-party reproductive assistance is seen as akin to adultery or *zina*, since it leads to confusion regarding parentage and obfuscates the lines of genealogy, whose preservation is of primary religious importance. Indeed, 'Preserving the "origins" of each child – meaning its relationship to a known biological mother and father – is considered not only an ideal in Islam, but a moral imperative' (Inhorn, 2006a: 440). Thus most Islamic authorities prohibit the use of donor gametes and view this as an illegitimate form of procreation.

The Shi'a branch of Islam, however, represents a multiplicity of opinions on donation, as advanced by different religious leaders, some of which are permissive of the use of donor eggs, embryos and sperm. Some leaders have issued *fatwa* (religious edicts) condoning the use of donor gametes, based on the reasoning that such interventions do not impact lineage (Inhorn, 2006c; 2006d; Clarke, 2009). As a result of this, Shi'a Iran and multi-sectarian Lebanon have become 'pockets of permissiveness' as regards donation within a restrictive Muslim Middle East. This difference of opinion between Sunni and Shi'a Islam, as well as between the *fatwa* of different Shi'a clerics, has resulted in fascinating social choreographies, whereby desperate infertile men and women switch their allegiances to more permissive clerics, non-Muslim practitioners display *fatwa* absolving their practices on the walls of their clinics (Clarke, 2009), and Sunni couples from surrounding Middle Eastern countries engage in surreptitious reproductive trips (Inhorn, 2011; Inhorn *et al.*, 2010).

Also situated in the Middle East, Israel has a completely different attitude towards assisted reproduction from its neighbours. Although socio-economic factors and political interests undoubtedly play a part in determining national policies around reproduction, Judaism's permissiveness is also a major factor in explaining how Israel's ART industry has become so prolific, including the provision of state-funded IVF treatment for heterosexual couples, single women and lesbians until they have given birth to two live children. In opposition to both Christianity and (Sunni) Islam, which through different routes arrive at the superficially similar prohibition of third-party assisted reproduction, Judaism has generated altogether different answers to moral and ethical debates around ARTs. This includes an acceptance of the use of donor gametes as legitimate. For example, in the 1990s Rabbinic debates in Israel concentrated on the question of how to reconcile Judaism with the use of donor sperm. The three main areas of concern were: how would sperm be procured since masturbation was prohibited under Halakha (Jewish religious law); what would the relation be between a donor and a child

conceived using his sperm; and what would be the status of a child conceived in this manner (Kahn, 2000). In response to these deliberations, the Orthodox Rabbinate reached an unexpected solution, concluding that where male infertility could not be cured then donor sperm may be used, providing that it came from non-Jewish donors. This advocated use of non-Jewish donors bypassed several problems: first, since not bound by Halakha, there would be no problem regarding the production of the sperm sample; second, the practice would not be considered adulterous since Halakha only recognizes relations with other Jewish persons; and third, the use of non-Jewish sperm would not compromise the resulting child's religious identity, since Judaism is inherited directly (and solely) from the mother. Kahn (2000) argues that the negation of the genetic contribution from non-Jewish donors was so comprehensive that children conceived by different women using the same donor would not even be considered as relations.

We can see that within and between three of the monotheistic religions there are different answers to the ethical debates surrounding assisted reproduction and the use of reproductive donation. However, it is also important to bear in mind that the opinions or rulings of religious authorities are not necessarily followed by all members of the religion, nor necessarily enacted as regulations at national level. In fact, it is interesting that while Muslim countries in general and the Jewish state of Israel have regulated their ART practices in accordance with religious rulings, many Christian countries have chosen to ignore such restrictions. The influence of the Catholic or other churches is only discernable in pockets of South America (Roberts, 2008) and in Italy, which recently enacted dramatic legislative changes transforming its ART industry from 'the Wild West of European assisted reproduction' to Europe's most restrictive one (Inhorn *et al.*, 2010).

Diversity within societies

Although in this chapter we have concentrated on displaying the diversity of practices and attitudes regarding ARTs and in particular 'third-party reproductive assistance' *between* different cultures, it must also be acknowledged that great diversity (at the micro level) can exist *within* cultures. This relates to a wide range of individual differences, which may for example lead some parents of donor-conceived offspring to disclose their child's method of conception, while others find such a proposal unacceptable. Though a growing body of ethnographic literature addresses cultural differences between countries, we must not fall into the trap of imagining populations as homogenous, either in

their views or their behaviour. In areas such as reproduction, socio-economic status, educational level, religiosity and family history – not to mention cultural background or ethnicity – may prove important differentiators.

Particularly in 'multicultural' and 'multi-ethnic' societies, the experiences or attitudes of minority or immigrant populations towards infertility and assisted reproduction cannot necessarily be inferred from the majority's experience (Culley *et al.*, 2009). It is reasonable to expect that minority groups in multicultural nations may have group-specific attitudes towards, and experiences of, infertility and fertility treatment that is divergent in some ways from the majority experience, or from the experience of other minority groups. Whether their attitudes closely replicate the attitudes of their culture of origin, or represent hybrid formations, will depend on the extent to which 'home' and 'host' cultural frameworks have been maintained, mixed or reconfigured through processes of acculturation and adaptation. For example, a questionnaire study comparing Turks with Turkish migrants in the Netherlands, and with Dutch men and women, found that the experience of infertility among migrants was more similar to Turkish rather than to Dutch respondents' experiences (van Rooij *et al.*, 2007). Similarly, a qualitative study of Turkish women undergoing fertility treatment in the UK found them to have hybrid views and a range of specific interpretations of their infertility experiences, based on their status as immigrants (Gürtin-Broadbent, 2009). Culley *et al.* (2009) address precisely this 'blind spot' in their volume on *Marginalized Reproduction*, suggesting that whether the minority in question is South Asians in Britain, Turks in the UK or the Netherlands, or Arab Americans, specific research is required in order to learn and make visible the views and experiences of men and women in these 'subcultures'.

There is now considerable data regarding the views of British South Asians on ARTs and gamete donation, examining both public attitudes among this group and more specifically the views of infertile men and women (Culley and Hudson, 2006; 2008; 2009; Culley *et al.*, 2006; Iqbal and Simpson, 2006; Hudson *et al.*, 2009). British South Asians are much less likely than the British public in general to accept and approve of gamete donation, and they are specifically averse to the use of donor sperm in assisted reproduction. This is partly because some groups maintain cultural beliefs around the relative influence of the egg and the sperm on the resultant child, with the sperm being seen as more important in transmitting the family line, and partly because of the incommensurability of using donor sperm with ideas of hegemonic masculinity. In addition, the use of donor sperm may be seen to

threaten the stability of marriage and the coherence of the family line, jeopardizing harmony in kinship relations. It is therefore seen as ethically problematic and something to be avoided.

Yet, despite these cultural prohibitions, it has also been found that South Asians acknowledged that donation might sometimes happen among their community, since having children is also a highly valorized social ambition. If indeed a couple were to partake in 'third-party reproductive assistance', there was agreement among research participants that they would not reveal the method of their child's conception. Community perceptions, fear of gossip, judgement and stigmatization would restrict the information that a couple might share with the family, community and donor offspring and make secrecy the most likely option. Bearing this in mind, it may be that specific research is required to provide more information regarding disclosure and child well-being or family relationships among British South Asians, as distinct from a more general British sample. However, it is also important to emphasize that 'British South Asians' themselves form a heterogeneous and diverse group that should not be essentialized. Based on their research with individuals from Indian, Pakistani and Bangladeshi origins, Culley and colleagues (2006) note that cultural understandings and experiences of infertility are mediated by gender, generation and social class, as well as by religion. It is perhaps not surprising that Muslim South Asians are most averse to the use of donor gametes, which is forbidden according to their religion, though it is doubtless important to recognize how culture and religion may or may not exert an influence. Better understanding of the diversity of views within populations is essential if medical practitioners are to avoid misunderstandings and make adequate provisions for the optimal health care of these potential patients.

Conclusion

This chapter has engaged with the anthropological perspectives on infertility and assisted reproduction from around the world, particularly as they pertain to cultural diversity regarding 'third-party reproductive assistance'. Through references to ethnographic research, ethical reasoning and religious perspectives we have presented here a highlighted tour of the diverse global attitudes, practices and regulations on gamete donation, and the differing arguments which they reference. We hope to have shown that diversity exists not only between distant geographical locations but also among close neighbours within Europe, and moreover that there is important diversity to be found

even *within* cultures. The range and scope of this diversity regarding donation needs to be acknowledged as a crucial aspect of the global landscape of assisted reproduction. We therefore hope that the cultural snapshots provided here will provide a backdrop or broader context to the more detailed donation discussions that take place throughout this volume (regarding for example anonymity, remuneration and disclosure).

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LEGISLATION

GERMANY

Embryo Protection Act 1990